County: Waupaca
PINE MANOR HEALTH CARE CENTER - FDD
VILLAGE OF EMBARRASS
CLINTONVILLE 54929 Phone: (CLINTONVILLE 54929 Phone: (715) 823-3135
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 25
Total Licensed Bed Capacity (12/31/00): 25
Number of Residents on 12/31/00: 24 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on FDD's No 25 25 24 **** No No 25 Average Daily Census:

***********	****	***********	****	*******	******	***********	*****
Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	 %	Age Groups	% 	Less Than 1 Year 1 - 4 Years	0. 0 4. 2
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	79. 2	More Than 4 Years	95. 8
Day Servi ces	Yes	Mental Illness (Org./Psy)	0. 0	65 - 74	12. 5		
Respite Care	Yes	Mental Illness (Other)	0. 0	75 - 84	8. 3		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	0. 0	****************	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0. 0	95 & 0ver	0. 0	Full-Time Equivalen	
Congregate Meals	No	Cancer	0. 0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	Yes	Fractures	0. 0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	0. 0	65 & 0ver	20. 8	[
Transportation	No	Cerebrovascul ar	0. 0			RNs	7. 3
Referral Service	Yes	Diabetes	0. 0	Sex	%	LPNs	4. 2
Other Services	Yes	Respi ratory	0. 0			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	29. 2	Aides & Orderlies	42. 9
Mentally Ill	No			Female	70. 8		
Provi de Day Programming for			100. 0				
Developmentally Disabled	Yes				100. 0		
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Method of Reimbursement

		Medica (Title			Medic Title			0th	er	Pri	vate 1	Pay	 I	Vanageo	l Care		Percent
			Per Dier	n		Per Die	m		Per Dien	n]	Per Dien	1	Ī	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	Ŏ	0. 0	\$0.00		0. 0	\$0.00	Ŏ	0. 0	\$0.00	Ŏ	0. 0	\$0.00	Ŏ	0. 0	\$0.00	Ŏ	0. 0%
Intermediate				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				24 10	0.0	\$107. 78	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	24	100.0%
Traumatic Brain Inj		0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	0	0.0		24 10	0.0		0	0.0		0	0.0		0	0.0		24	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Conditio	ns, Services	s, and Activities as of	12/31/00
beachs builing kepoteting terrou	l			%	Needi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
	0. 0	Daily Living (ADL)	Independent	One O	r Two Staff		Resi dents
	0. 0	Bathi ng	0. 0		20. 8	79. 2	24
	0. 0	Dressing	0. 0		20. 8	79. 2	24
	0. 0	Transferri ng	8. 3		25. 0	66. 7	24
	0. 0	Toilet Use	4. 2		20. 8	75. 0	24
	0. 0	Eating	4. 2		25. 0	70. 8	24
	0.0	**********	******	******	******	********	*****
Total Number of Admissions	0	Continence	1 0 .1 .		Special Trea		%
Percent Discharges To:		Indwelling Or Externa		0.0		Respiratory Care	0. 0
	0.0	Occ/Freq. Incontinent		91. 7		Tracheostomy Care	0. 0
	0.0	Occ/Freq. Incontinent	of Bowel	75. 0		Suctioning	0. 0
	0.0	M 1 · 1 · .				Ostomy Care	0. 0
	0.0	Mobility		0.0		Tube Feeding	4. 2
	0.0	Physically Restrained		0. 0	kecei vi ng	Mechanically Altered D	iets 100.0
	0.0	Skin Care			Other Deald	out Chamastanistics	
). 0 100	With Pressure Sores		0. 0		ent Characteristics nce Directives	100. 0
Total Number of Discharges	100	With Rashes		8. 3	Medications		100. 0
(Including Deaths)	1	with rasiles		0. 3			8. 3
**************************************	1 ****	**********	******	******	********	Psychoactive Drugs	*********

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	_Thi s		DD	Al l		
	Facility	Fac	ilities	Faci	lties	
	%	%	Ratio	%	Ratio	
	100.0	05.5	4 400	04 5	1 10	
Occupancy Rate: Average Daily Census/Licensed Beds	100. 0	85. 5	1. 17	84. 5	1. 18	
Current Residents from In-County	12. 5	42. 1	0. 30	77. 5	0. 16	
Admissions from In-County, Still Residing	0. 0	19. 5	0. 00	21. 5	0. 00	
Admissions/Average Daily Census	0. 0	16. 4	0. 00	124. 3	0. 00	
Discharges/Average Daily Census	4. 0	19. 2	0. 21	126. 1	0. 03	
Discharges To Private Residence/Average Daily Census	0. 0	9. 2	0.00	49. 9	0.00	
Residents Receiving Skilled Care	0. 0	0.0	0.00	83. 3	0.00	
Residents Aged 65 and Older	20. 8	16. 2	1. 28	87. 7	0. 24	
Title 19 (Medicaid) Funded Residents	100. 0	99. 5	1. 01	69. 0	1. 45	
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 6	0.00	
Developmentally Disabled Residents	100. 0	99. 3	1. 01	7. 6	13. 09	
Mentally Ill Residents	0. 0	0. 5	0.00	33. 3	0.00	
General Medical Service Residents	0. 0	0. 2	0.00	18. 4	0.00	
Impaired ADL (Mean)*	86. 7	50. 8	1. 71	49. 4	1. 76	
Psychological Problems	8. 3	45. 9	0. 18	50. 1	0. 17	
Nursing Care Required (Mean)*	14. 1	11. 0	1. 28	7. 2	1. 97	